



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure
Board of Registration in Nursing

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Cooperating Clinical Agency Contract Checklist

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Date of Agreement. |
| <input type="checkbox"/> | <input type="checkbox"/> | States responsibility of instructors for student in clinical. |
| <input type="checkbox"/> | <input type="checkbox"/> | States type and number of clinical units to be utilized. |
| <input type="checkbox"/> | <input type="checkbox"/> | Period of time during which students will be present on unit. |
| <input type="checkbox"/> | <input type="checkbox"/> | States that agency is ultimately responsible for patient care. |
| <input type="checkbox"/> | <input type="checkbox"/> | States that program is ultimately responsible for students education. |
| <input type="checkbox"/> | <input type="checkbox"/> | Provision for annual meetings. |
| <input type="checkbox"/> | <input type="checkbox"/> | Signatures. |